



COMMONWEALTH OF MASSACHUSETTS
Office of Consumer Affairs and Business Regulation
DIVISION OF INSURANCE

One South Station • Boston, MA 02110-2208
(617) 521-7794 • FAX (617) 521-7576
TTY/TDD (617) 521-7490
<http://www.mass.gov/doi>

MITT ROMNEY
GOVERNOR

KERRY HEALEY
LIEUTENANT GOVERNOR

BETH LINDSTROM
DIRECTOR, CONSUMER AFFAIRS
AND BUSINESS REGULATION

JULIANNE M. BOWLER
COMMISSIONER OF INSURANCE

APPLICATION FOR AUTOMOBILE CLUB LICENSE

License Fee \$200.00

All answers on this application must be typewritten or printed in ink. A duly authorized officer of the Club must sign the application in the space provided.

To the Commissioner of Insurance:

The undersigned office of the Automobile Club named herein hereby makes application for an Automobile Club licensee under Chapter 754 of the Acts 1972.

1. Name of Applicant(s) Home Address Social Security or Fed I. D. #

_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Name of Club _____

Social Security \$ of Fed. I.D. _____

3. Home Office _____
No. Street City or Town State Zip Code

4. Name and Address of Massachusetts Branch of Club

Name	Address	City or Town	State	Zip Code	Tel No.
------	---------	--------------	-------	----------	---------

5. Person or persons authorized to act in the name of the Club in Massachusetts.

Name	Home Address	City or Town	Tel. No.
_____	_____	_____	_____
_____	_____	_____	_____

6. Does the Club offer Accident and Sickness or Death Insurance Benefits and/or Bail Bond Service Benefits to its Members? _____ (If the answer is "yes" file all Automobile Club literature describing benefits to members with application.)
-

7. Identify the insurance company with which the club has contracted to provide its Members with Accident and Sickness or Death Insurance benefits and/or Bail Bond Service Benefits. (To meet licensing requirements, the insurance company must be authorized or licensed to do business in Massachusetts.)

Accident and Sickness
or Death Insurance _____

Name of Company

Bail Bond Coverage _____

Name of Company

8. Has the applicant or any office or agent of the Club been convicted of any violation of last during the last 5 years? (Do not include minor traffic violations.) If the answer is "yes" attach statement of details. Yes or No _____

Identify all such licenses; the name of licensees; and the year first issued.

9. Does the applicant or any officer or agent of the Club hold any license granted by the Commissioner or license of the Commonwealth of Massachusetts?

Yes or No

Identify all such licenses; the name of licensees; and the year first issued.

10. Has any license been granted by the Commissioner of Insurance of this Commonwealth or of any state to the applicant or any officer or agent of the Club ever been canceled, suspended or revoked? _____ If answer is "yes", please attach statement giving full details for the action taken by the Insurance Commissioner.

11. Is the Club licensed or operating in any other state? _____ Where? State all addresses _____

I/We warrant the truth of the foregoing statements and declare that they were made under penalties of perjury.

Dated: _____ Applicant(s) _____

I/We, the duly authorized officer(s) of the _____
Name of Automobile Club

Do hereby appoint the Commissioner of Insurance as my/our attorney to accept service of process.

Signature _____